In 2004, the IxCenter published the white paper, “The Ix Evidence Base: Using Information Therapy to Cross the Quality Chasm.” This report served as a valuable building block for many organizations searching for the empirical research to justify investment in Ix initiatives. In addition to continuing to build a larger collection of peer-reviewed literature supporting the impact of Ix interventions, we also recognize that there is much to learn from Ix innovation that has not been captured in the traditional journals.

Group Health Cooperative’s Pioneer Sponsorship provided seed funding that allowed the IxCenter to begin work on the Methodical Library of Ix Research. Through this project, we are building a database of relevant research that integrates the peer-reviewed literature with everything we can learn from more organic innovations not being tested through prospective studies. By rigorously merging these two types of research, we can guide Ix implementers regarding where to invest resources for future Ix initiatives.

This piece on after-visit summaries is the first of a series of reports on specific Ix applications that the IxCenter will produce from the methodological library.
The Ix After-Visit Summary (AVS)

The Problem

Research shows that patients have significant difficulty remembering and understanding medical information after clinical encounters. Research suggests patients forget somewhere between 40 and 80 percent of medical information given immediately after the visit. Of the information that is remembered, almost half is remembered incorrectly (Kessels 2003). The after-visit summary (AVS) is an Ix tool that can be used to help patients remember pertinent medical information.

Definition

An after-visit summary is a communication tool to support continuity of care from a patient perspective. It provides the patient with relevant and actionable information and instructions. Provided at the conclusion of a clinic or hospital visit, an AVS provides patients with a printed and/or electronic summary of what happened during the visit and information to guide the patient’s next steps.

This report is focused on regular medical visits, but also applies at hospital discharge. A future report will provide a more in-depth look at the AVS as part of the hospital discharge process.

Contents

Core pieces of information included in AVS are:

- patient name
- provider name
- date and location of visit
- medication list
- reason(s) for visit
- vitals
- patient instructions

Additional information may include the following items:

- problem list
- problem history
- medication history
- summary of medications
- immunizations or medications administered during visit
- topics covered/considered during the visit
- things to do before you leave the building
- when next appointment is recommended
- other appointments/testing patient needs to schedule
- patient decision aids recommended
- appointments/testing already scheduled
• test results
• symptoms
• personalized instructions/notes
• considerations (i.e., timing of meds with work/school schedule)
• health information related to topics discussed

Communication Issues

Adequate patient-provider communication is a necessary component of quality health care. Since preventive health maintenance and treatment adherence is largely determined by patient behavior and health choices, patients need information to understand their diagnoses and suggested treatments. Clinicians need to provide patients with adequate information for follow-up care and instructions, whether in an ambulatory or hospital care setting. Patient recall and comprehension is facilitated by high-quality communication between clinicians and patients.

Patient Recall and Comprehension

Both physicians (Lukoshek 2003) and patients (Engel 2008) tend to overestimate patient understanding of medical information and instructions. Meanwhile, written health information has been demonstrated to improve patients’ recall of important information. The most useful written information is specifically tailored to a patient’s self-management and decision support needs, includes accurate information, and is presented in plain language that is enhanced with visual aids (Coulter 2006).

Research shows that oral information combined with written information has greater impact on patient knowledge than oral information alone (Coulter 2006). Going a step beyond simply providing oral and written medical information and instructions is asking the patient to state their understanding of the information given. Although little research has been done on this technique within the context of patient understanding of medical information, an early study found it to be effective in helping patients recall information from the clinical encounter (Bertakis 1977). A more recent study found that patients preferred this approach, particularly when emphasis was placed on physician inquiry being non-judgmental and non-directive (Kemp 2008).

Improved Provider-Patient Communication

Anecdotal evidence from Group Health in Seattle, Washington suggests a decline in the number of follow-up phone calls after implementing the AVS (IxCenter, Deep Dive on After-Visit Summaries: Refining Ix Innovative App #1 2008). Presumably, this is because the AVS contains information that patients are likely to forget. The AVS has become an “administrative reminder” at Group Health; physicians and medical staff use the AVS as a marker and communication tool during discharge.

A patient from Providence Health System in Portland, Oregon shared their experience. They had a question and pulled out the AVS to find the clinic phone number to call and ask the question. The patient quickly found the answer to the question on the AVS and no longer needed to call the clinic (IxCenter, Deep Dive on After-VisitSummaries, Part 2: Focus on Content and Assessing Impact 2008).

At Cheshire Medical Center in New Hampshire, patient satisfaction increased after implementing the AVS. Prior to AVS implementation, 45% of patients rated physician communication during the clinic encounter as
“excellent.” After AVS implementation in two specialties, the ratings went up to 79% in their family practice department and 82% in their orthopedics department (IxCenter, Deep Dive on After-Visit Summaries: Refining Ix Innovative App #1 2008).

## Treatment Adherence and Coordination of Care

### Treatment Adherence

If patients do not recall or comprehend medical information such as diagnosis or treatment information, they are probably less likely to follow through with treatment recommendations. Some research indicates that a lack of understanding of medical information by patients can lead to decreased adherence to treatment recommendations, adverse health outcomes, and decreased satisfaction with the clinician and medical encounter (Kemp 2008).

Patient education focus groups found that patients believed the AVS would improve their understanding of care, satisfaction with care, as well as motivate them to adhere to treatment plans. Patients specifically felt that graphic depictions of trends would motivate them to adhere to therapy (Tang 1998).

The AVS may help patients remember all treatment recommendations, as illustrated by the experience of a Group Health patient:

> The patient wanted to remember the name of the medication they had been prescribed, so he pulled out his AVS. In addition to finding the name of the medication, he saw the exercises his doctor had suggested as a treatment supplement to the medication. The patient reported that he would have never remembered to do the exercises had he not referred back to the AVS (IxCenter, Deep Dive on After-Visit Summaries: Refining Ix Innovative App #1 2008).

To the extent that medication and treatment adherence is simply a function of patient recall, patients sometimes need to be reminded about what they are supposed to do. Research on patient-directed reminders is promising. Traditionally, clinical message alerts have been directed at health care providers rather than patients. A 2008 study compared the effectiveness of physician reminders with and without patient-directed reminders. Patients who received the reminders directly were significantly more likely to receive the recommended screenings. The addition of patient alerts resulted in a 12.5% increase in compliance (Rosenberg 2008).

### Coordination of Care

A prerequisite to coordination of care is communication among health care providers. A 2007 literature review (Kripliani 2007) suggests that direct communication between hospitals and primary care providers is inadequate:

- direct provider-provider communication occurred infrequently (3%-20%)
- patients often contacted their PCP before PCP received the discharge letter (16%-53%) or discharge summary (66%-88%)
- some discharge letters (11%) and some discharge summaries (25%) never reached PCPs
One of the studies reviewed found that hand delivery of the discharge letter resulted in PCPs receiving the letter more quickly. Hand delivery resulted in the median time to receipt decreasing from 4 days to 1 day.

According to the Institute for Family Health, their patients have reported positive results when they have brought their AVS to hospital emergency departments. “The AVS elevates them in the ED staff’s eyes: It shows that they have a personal doctor who cares about them and that they own their health information.” (IxCenter, Deep Dive on After-Visit Summaries: Refining Ix Innovative App #1 2008)

Fox Chase Cancer Center implemented a different type of AVS as part of a larger initiative to better coordinate between specialists and primary care providers. The "survivorship care plan" is based on evidence-based clinical guidelines and standards to assure quality care is given to cancer survivors. A patient education committee and task force convened to develop and implement the survivorship care plan (IxCenter, Ix Killer Apps, Health Disparities, and the Patient-Centered Medical Home 2008). Fox Chase Cancer Center established a pilot program and is currently in the process of developing a plan for center-wide implementation. The care plan coordinates the efforts of the patient and the clinicians with whom they interact.

**Patient Satisfaction**

Diagnosis-specific discharge instructions, as opposed to general surgical discharge instructions (in an ambulatory surgery setting) are associated with higher patient satisfaction scores for discharge instructions, discharge procedures, and staff communication. The instruction sheets are pre-populated with procedure-specific discharge instructions, but also include name, appointments, medications, and other specific discharge instructions (Lo 2009).

Kaiser Permanente found that satisfaction with AVS relates to overall patient satisfaction. A factor and regression analysis was used to determine the relative influence of medical office visit attributes on patient satisfaction: the appointment scheduling process, appointment access, waiting room wait, and interaction with physicians, nurses, and receptionists. Overall patient satisfaction was most impacted by provider interaction. Although the handout was less influential than provider interaction, the AVS drives approximately 7% of overall patient satisfaction (IxCenter, Deep Dive on After-Visit Summaries, Part 2: Focus on Content and Assessing Impact 2008).
Simply receiving the AVS was associated with improvements in patient satisfaction (0.05), but the correlation was strengthened when the doctor discussed the handout (0.09). The correlation was strongest when patients found the information within the AVS to be helpful (0.15). In other words, supplying information that is helpful to patients and having physicians discuss the handouts with patients is associated with stronger patient satisfaction (IxCenter, Deep Dive on After-VisitSummaries, Part 2: Focus on Content and Assessing Impact 2008).

Patients who reported that their provider discussed the AVS with them were more than twice as likely to consider the handout information to be very or extremely helpful (as compared to patients whose providers did not discuss the AVS (IxCenter, Deep Dive on After-VisitSummaries, Part 2: Focus on Content and Assessing Impact 2008).

Viewing the AVS is one of the four most commonly used services on the Group Health patient web site, with 55% of patients having gone online to use the site (Ralston 2007).
AVS Implementation

Key Success Factors

AVSs can and have been implemented in variety of settings, within a variety of patient populations, and within different economies of scale. Regardless of this variation, there are commonly agreed-upon recommendations to ensure success.

Involve Patients

Involve patients in the development and design of the AVS to ensure the desired impact. The AVS should be personalized to meet patient needs and preferences. It should also include and highlight the most critical pieces of information. Since the end user is the patient, it is critical to involve them at the outset to ensure the AVS is patient-centered.

For example, in focus groups, Group Health discovered that patients did not want “sugar coated” health information. When patients receive a diagnosis, they want to know what they should expect with it. The AVS should contain information relevant to any new diagnosis, as well as any chronic conditions or recurring issues over multiple visits (Kripliani 2007).

Tailor to Patient Population

For traditionally underserved populations, a general lack of trust in the medical system is a barrier to effective patient care. The Institute for Family Health discovered, through conducting focus groups, that this distrust is due to consumer perceptions of inadequate clinician-patient communication and a lack of respect by physicians for patients that leads to consumer mistrust of providers.

By acknowledging this issue and working to address it, the Institute for Family Health was able to facilitate trust by incorporating patient perspectives in their EHR deployment strategies (IxCenter, Ix Killer Apps, Health Disparities, and the Patient-Centered Medical Home 2008). For example, an AVS that provides physician notes translates the principle of transparency into tangible information that builds patient trust of clinicians and the delivery system.

Keep it Simple

There is consensus among AVS implementers; keep the AVS simple. This refers both to the overall structure and content of the AVS as well as the specific medical terminology used in the AVS. Encouraging providers to eliminate abbreviations from patient progress notes makes them more patient-friendly. Many EHR packages will automatically fill in the whole term, either in clinical terminology or plain English, from an abbreviation; alternatively, these algorithms can be built into EHR systems. Remember, additional functionality can be added over time.

Emphasize the Most Important Information

Use formatting, such as bolding, to highlight important information. Categories of information should also be highlighted. For example, major sections of the AVS could be health reminders, referrals, procedures, and
medications. Actionable information should be clear and prominent, as should the clinic phone number. Be sure to differentiate between what was done in the past and what needs to be done in the future.

**Electronic or Paper**

AVSs can be electronic and/or paper. Group Health provides the AVS to patients on both paper at the in-person visit and in electronic format via the patient web site. Originally Group Health intended to provide AVS information via an internet-based patient portal, because the AVS was designed at the same time they implemented their clinical information system. During designing and pilot testing of the AVS, they found that patients also valued a paper copy. Cheshire Medical Center already had technology systems in place, but was anxious to implement it as a paper-based system for sake of speed; their AVS remains paper-based.

The AVS can be a stand-alone system or linked to existing systems. The AVS itself can serve as a face sheet to be stapled on top of relevant Ix (e.g., specific educational resources related to what was discovered during the encounter) or it can contain links to relevant internet-based Ix.

**Just Do It**

It is not necessary to wait until a certain threshold is reached to implement the AVS. Group Health implemented the AVS as a component of a reorganization of care that included implementation of an advanced medical record system. The AVS was seen as an important part of the redesign. In contrast, although Cheshire Medical Center already had a sophisticated EHR system in place, rather than figure out how to incorporate an AVS into their existing system, they implemented it as an add-on service. Cheshire’s AVS continues to be a paper-based tool that operates independently of their other systems.
Bibliography

AVS: Sample 1

Yarrow Garden (03000600)  Group Health Cooperative

After Visit Summary
This document contains confidential information about your health and care. It is provided directly to you for your personal, private use only.

Visit Information

<table>
<thead>
<tr>
<th>Appointment Information</th>
<th>Date</th>
<th>Time</th>
<th>Department</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>07/09/2007</td>
<td>1:00 PM</td>
<td>NGT FAMILY PRACTICE</td>
<td>C-19</td>
</tr>
</tbody>
</table>

If you have questions or need further information, call this department at 206-527-7100 or send a secure message to your provider.

Vitals

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Height</th>
<th>Weight</th>
<th>Body Mass Index</th>
<th>Head Circumference</th>
</tr>
</thead>
<tbody>
<tr>
<td>99 °F (37.2 °C)</td>
<td>2' 8&quot; (0.81 m)</td>
<td>30 lbs (13.61 kg)</td>
<td>20.60</td>
<td>48.0 cm (18.9&quot;)</td>
</tr>
</tbody>
</table>

Reason for Visit
Diabetes

Diagnoses
DIABETES UNCOMPPLICATED JUVENILE-TYPE I [250.01AY]
ABDOMINAL PAIN, RIGHT UPPER QUADRANT [786.01]
DEHYDRATION [276.51]
VACCIN FOR DTP [058.1]
SPRAIN OF INTERPHALANGEAL JOINT OF FINGER [842.128]
UNSPECIFIED HYPOTHYROIDISM [244.9]

Patient Information and Follow-up

Patient Instructions
Make an additional appointment with the nurse for diabetes teaching, and attend the diabetes class sessions we discussed.

Follow-up
Return in about 7 days (around 7/16/2007) for diabetes follow-up.

Medications Ordered This Visit

Pick Up at Pharmacy
INSULIN ASPART (NOVOLOG FLEXPEN) 100 UNIT/ML PRE-FILLED SYRINGE 3 ML
GLUCOMETER (ONE TOUCH ULTRA 2)
LEVOTHYROXINE (LEVOOTHROID) 0.1 MG ORAL TAB

Immunizations Needed
DTAP UNDER 7 YR PRESERV FREE VACCINE

Injections Needed
D5-1/2 NS WITH POTASSIUM CHLORIDE 10 MEG/L INTRAVENOUS SOLN

Radiology (X-ray, Ultrasound, etc.) Ordered This Visit

To Schedule
US PELVIS, TRANS-ABDOMINAL ONLY [76856.200]
Referral Appointments Ordered This Visit

To Schedule  REF PED ENDOCRINOLOGY (IOP) [92201: 133]

Procedures and Supplies Ordered This Visit

Procedures  APL FINGER SPLINT STATIC [20130]
Supplies  FINGER SPLINT STATIC [20406]

Lab Tests for Today

This section lists all lab tests you need to do today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests.

<table>
<thead>
<tr>
<th>Due Today</th>
<th>Order</th>
<th>Due Date</th>
<th>Provider</th>
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</thead>
<tbody>
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<td>CBC (GHC) [85027.002]</td>
<td>8/27/2007</td>
<td>C-NINETEEN, MD</td>
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<tr>
<td></td>
<td>DIRECT LDL CHOLESTEROL [33721.001]</td>
<td>8/27/2007</td>
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<td></td>
<td>HEMOGLOBIN A1C [83036.001]</td>
<td>7/09/2007</td>
<td>C-NINETEEN, MD</td>
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<tr>
<td></td>
<td>COMP. METABOLIC PANEL [80050.001]</td>
<td>7/10/2007</td>
<td>C-NINETEEN, MD</td>
</tr>
<tr>
<td></td>
<td>UA WITH CULTURE IF INDICATED (GHC) [81003.003]</td>
<td>7/11/2007</td>
<td>C-SIGHTYFOUR, MD</td>
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<td>7/11/2007</td>
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<td>8/16/2007</td>
<td>AFFOLTER, WILLIAM T</td>
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<tr>
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<td>ELECTROLYTES [80004.001]</td>
<td>8/15/2007</td>
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<tr>
<td></td>
<td>ELECTROLYTES [80004.001]</td>
<td>8/16/2007</td>
<td>C-NINETEEN, MD</td>
</tr>
</tbody>
</table>

Health Reminders

This section shows your upcoming office visits and recommended preventative care measures. If you have questions, please contact your primary care provider.

Appointments

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Provider</th>
<th>Department</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/3/2007 9:00 AM</td>
<td>Barbera, DO, Physician</td>
<td>SM Family Practice</td>
<td>306-201-7500</td>
</tr>
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Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. For orders with an "available" date, go on that date or as soon as possible after that date.

<table>
<thead>
<tr>
<th>Recurring Orders</th>
<th>Order</th>
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<th>Ordered</th>
<th>Interval</th>
<th>Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HEMOGLOBIN A1C</td>
<td>C-NINETEEN, MD</td>
<td>8/17/2007</td>
<td>Every 12 Weeks</td>
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</table>

<table>
<thead>
<tr>
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<th>Order</th>
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<th>Available</th>
<th>Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TSH (REFLEXIVE)</td>
<td>C-NINETEEN, MD</td>
<td>9/20/2007</td>
<td>10/10/2007</td>
</tr>
</tbody>
</table>

Updated Medication List

This section lists the medications you have reported you are taking, in addition to new medications and supplies ordered and changes made at this visit. If you have any questions about your medications, please contact your pharmacist.

- **INSULIN ASPART (NOVOLOG FLEXPEN) 100 UNT/ML PRE-FILLED SYRINGE 3 ML**
  - Instructions: as directed

- **D5-1/2 NS WITH POTASSIUM CHLORIDE 10 MEQ/L INTRAVENOUS SOLN**
  - Instructions: infuse at 100 cc/hr

- **LEVOTHYROXINE (LEVOTHROID) 0.1 MG ORAL TAB**
  - Instructions: 1 tablet daily

Health Profile

Remember to fill out a Health Profile every year. You'll get a personal report with suggestions on how to improve your health and lower your risk of certain diseases. For access to the Health Profile, log in to MyGroupHealth for Members at www.ghc.org. (You'll need to upgrade your online account to get enhanced services. Then you can also view your online medical record, exchange secure messages with your providers, request appointments, and refill prescriptions online.)
AVS: Sample 2

Thank you for coming to the Family Medicine Department for today's visit. Please let me know if you have any questions.

Today's Problem/Diagnosis:

Next Step(s):
- Imaging:
- Labs
- Medication
- Other

Follow up appointment or Consultations:

Please visit http://www.cheshire-med.com/healthinfo for additional information.
KE01306 4/3/08
AVS: Sample 3

Thank you for coming to the Orthopaedic Department for today’s visit. Please let me know if you have any questions.

Diagnosis:

Next Step:
☐ Labs:

☐ Imaging (☐ X-Ray, ☐ ultrasound, ☐ MRI, ☐ Ct scan):

☐ Medication changes:

☐ Other:

Follow-up appointment:

We Love What We Do and Know That It Matters

KEM12/9 1/5/08 ortho
<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Patient Name</th>
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<td>7/22/2008 1:30 PM</td>
<td>JOSEPH LURIO, MD</td>
<td>AMSTERDAM AVENUE CENTER</td>
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</tr>
<tr>
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<td>5/12/2004</td>
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<tr>
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<td>07/24/2008</td>
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<tr>
<td>NORVASEC 5 MG OR TABS</td>
<td>1 tablet daily</td>
</tr>
<tr>
<td>FOSAMAX 70 MG OR TABS</td>
<td>1 tablet weekly</td>
</tr>
<tr>
<td>PATANOL 0.1% OP SOLN</td>
<td>1-2 drops to each ear twice daily as needed</td>
</tr>
<tr>
<td>ZYRTEC 10 MG OR TABS</td>
<td>1 tablet by mouth daily</td>
</tr>
<tr>
<td>GORTISPORIN 1% OP OINT</td>
<td>apply thinly to eyelids twice daily</td>
</tr>
<tr>
<td>PREDNISON 20 MG OR TABS</td>
<td>2 tablets daily</td>
</tr>
<tr>
<td>NAPROXEN 375 MG OR TABS</td>
<td>1 tablet twice daily pm pain</td>
</tr>
<tr>
<td>SIMVASTATIN 20 MG OR TABS</td>
<td>1 tablet at bedtime</td>
</tr>
<tr>
<td>ATENOLOL 25 MG OR TABS</td>
<td>1 tablet daily</td>
</tr>
<tr>
<td>ANTVERT 25 MG OR TABS</td>
<td>1 tablet 3 times daily as needed</td>
</tr>
<tr>
<td>CLUCOSAMINE CHONDRO COMPLEX 500-400 MG OR TABS</td>
<td>3 tablets daily</td>
</tr>
<tr>
<td>MG OR TABS</td>
<td>as directed</td>
</tr>
<tr>
<td>CITRUCOL OR POWD</td>
<td>1 tablet daily</td>
</tr>
<tr>
<td>ASPIRIN 01 MG OR CHEW</td>
<td>1 capsule twice daily</td>
</tr>
<tr>
<td>GINKGO BILOBA 120 MG OR CAPS</td>
<td></td>
</tr>
</tbody>
</table>
These were the vital signs we measured today

<table>
<thead>
<tr>
<th>Vitals - Last Recorded</th>
<th>BP</th>
<th>Temp [Src]</th>
<th>Wt</th>
<th>LMP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>116/64</td>
<td>97.9 °F (36.6 °C) (Oral)</td>
<td>118 lbs (53.524 kg)</td>
<td>Postmenopausal</td>
</tr>
</tbody>
</table>

This is the note written about today's visit

**Progress Notes**

TANAYA MCRAE Tue Jul 22, 2008 1:26 PM Signed

Over the past 2 weeks, have you been bothered by any of the following problems:

1. Little interest or pleasure doing things? no
2. Feeling down, depressed, or hopeless? no


I have identified this pt. to be a 95 year old female with the following Problems and Medications:

Patient Active Problem List:
- ROUTINE MEDICAL EXAM-ADULT [V70.0]
  - Priority: High [1]
  - Date Noted: 11/29/2004
- OSTEOPOROSIS NOS [733.00]
  - Priority: High [1]
  - Date Noted: 06/09/2003
  - Comment: compression fractures T spine
After Visit Summary

For: George Jetson

This document contains confidential information about your health and care. It is provided directly to you and for your personal, private use only.

VISIT INFORMATION

Appointment Information
Date: 10/14/2008
Location: Millennium Health System
Provider: Richard Brand

Vital Signs
Blood Pressure: 150/90 mm Hg
Pulse: 98.6°F
Temperature: 98.6°F
Height: 70 (in)
Weight: 180 lbs
Body Mass Index (BMI): 25.9

Reason for Visit
Sore throat
Headache

PATIENT INSTRUCTIONS AND FOLLOW-UP

Patient Instructions
Please schedule a follow-up appointment in 2 weeks for sore throat and headache

Take all antibiotics until finished

Gargle with warm salt water (1 tsp salt in 1 cup warm water)

NEW MEDICATIONS ORDERED THIS VISIT

Rx Faxed - Pick Up at Pharmacy: AVANDIA 4 MG TABS (ROSGLITAZONE MALEATE) 1 tablet each day
Rx Printed - Take to Pharmacy: AMOXICILLIN CAPS 250 MG (AMOXICILLIN) 1 tablet by mouth 3 times a day until finished

MEDICATIONS CHANGED DURING THIS VISIT

Changed medication from AVANDIA 2 MG TABS 1 tablet by mouth each day to AVANDIA 4 MG TABS 1 tablet each day

MEDICATIONS STOPPED DURING THIS VISIT

CLARITIN TABS 10 MG (LORATADINE) 1 tablet by mouth each day
For: George Jetson

After Visit Summary

CURRENT MEDICATION LIST

AVANDIA 4 MG TABS (ROSIGLITAZONE MALEATE) 1 tablet each day
ALLEGRA CAPS 60 MG (FEXOFENADINE HCL) 1 tablet by mouth each day
FLONASE 50 MCG/DOSE INHA Once a day as needed for allergies
FLEXERIL TAB 10MG (CYCLOMETHAPRINE HCL) 1 tablet each day as needed for pain
ZOLOFT TABS 50 MG (SERTRALINE HCL) 1 tablet each morning
AMOXICILLIN CAPS 250 MG (AMOXICILLIN) 1 tablet by mouth 3 times a day until finished

This list of current medications is based on your Providence medical record. Medications prescribed by non-Providence providers may not be on this list. If this list is not complete and accurate, please notify your doctor’s office.

HEALTH REMINDERS

Future Appointments with Providence Providers

| October 26, 2008 | 2:00 pm | Harry S. Winston MD |

Future Appointments with Other Providers

No upcoming appointments in our records

Appointment information above may not be complete. It is your responsibility to keep your appointments. Please be sure that your appointments will be covered by your insurance before the scheduled visit or test.

Services Due

<table>
<thead>
<tr>
<th>Services Due</th>
<th>Due: Now - No Prior Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus Shot</td>
<td></td>
</tr>
<tr>
<td>Flu Shot</td>
<td>Due: Now</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>Due: Now - No Prior Results</td>
</tr>
</tbody>
</table>

Defend Against the Flu - Get Vaccinated!

You can build your defenses against the flu by getting a vaccination. It is particularly important for adults ages 50 and over to get a flu shot due to their susceptibility to life-threatening flu complications, such as pneumonia. In addition to mature adults, persons at high risk for complications include:

- Persons age 65 and older
- Residents in long-term care facilities